

Testimony Senate Bill 1019

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My name is Greg Smith, a staff anesthesiologist at William Beaumont Hospital, and Assistant Professor of Anesthesia Oakland University William Beaumont School of Medicine. I train and work with nurse anesthetists, anesthesia residents, physicians, medical students, and nurse anesthesia students. As such, I am extremely qualified to differentiate the skill sets and abilities of these providers. I am proud to work with nurse anesthetists in an anesthesia care team. However, it is clear to me physicians' extensive training and experience means better, safer care. Studies show that physician direction of anesthetics saves nearly 7 lives for every 1,000 patients facing a complication.

The dangers and problems SB 1019 presents are:

- 1- Seriously threatens patient health and safety.
- 2- No cost savings to patients or taxpayers. Anesthesia is a global payment regardless of who or how many administer the anesthetic.
- 3- Allows nurse anesthetists to administer anesthesia without physician supervision, including dental offices, freestanding MRI center etc.
- 4- During the current public opioid abuse crisis, this bill adds prescriptive authority for schedule 3, 4, and 5 drugs to another class of providers.
- 5- Physician supervision (other states may use the term oversight, collaboration, delegation, direction) is the law in 46 states and the District of Columbia. Michigan would be an outlier. Proponents are playing word games with the term supervision.
- 6- Surveys have shown overwhelmingly that Michigan citizens want physicians involved in their anesthetics. This bill deprives them of the requirement.

Quite simply anesthesia removes all of the patient's protective reflexes and places him or her in a state that resembles a medically induced coma. Physician supervision of this care is critical.

As a physician, I encourage you to put Michigan patients first and to **vote NO on Senate Bill 1019.**

Thank you for the opportunity to speak to the committee.